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Assistant Commissioner for Patents
Washington D.C 20231

Dir Sir,

Attached are:

1. Cover page (this page, 1 page)
2. Form SB/82: Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (2 pages)
3. Amendment A – request for resending of final rejection to new correspondence address.

Total of 4 pages

This relates to:

Application of: Kogan et al.
Application number: 10/761,423
Filed: January 22, 2004
For: A Method and a System for Unauthorized Vehicle Control
Art Unit: 2139
Examiner: Turchen, James R

Noam Kogan and Edan Almog



Our fax number for confirmation of receipt of this fax: +972-9-740-3049
(Please note "for Mr. Edan Almog" on cover page)

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PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/761,423
Filing Date	JAN 22, 2004
First Named Inventor	NOAM KOGAN
Art Unit	2139
Examiner Name	TURCHEN, JAMES R
Attorney Docket Number	KOGAN 5

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

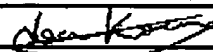
<input checked="" type="checkbox"/> Firm or Individual Name	NOAM KOGAN		
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Country	ISRAEL		
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		
Name	NOAM KOGAN	
Date	14-APR-08	Telephone +972-547997903

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Filing Date	JAN 22, 2004
First Named Inventor	NOAM KOGAN
Art Unit	2139
Examiner Name	TURCHEN, JAMES R
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR


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Address	9 BEGIN ST.		
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	EDAN ALMOG		
Date	APR 14, 2008	Telephone	+972-54-7997903

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required see below.

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Apr 16, 2008

Amendment A - request for resending of final rejection to new correspondence address

Assistant Commissioner for Patents
Washington D.C 20231

Sir:

According to a phone conversation with the examiner James R Turchen, the patent application has been rejected in December 2007 – after a consideration of our response to the 1st office action.

In the attached forms we request Revocation of Power of Attorney and Change of Correspondence Address.

In light of the changed correspondence address, we would like to request that a copy of the aforementioned final rejection of December 2007 be sent to the new correspondence address.